

TABLE 1

Interest held by	Business name	Business address	Business purpose	% of owner -ship	State of incorporation or registration
Last Name	Business Name	Street			
First Name, MI		City, State, ZIP			
Last Name	Business Name	Street			
First Name, MI		City, State, ZIP			
Last Name	Business Name	Street			
First Name, MI		City, State, ZIP			
Last Name	Business Name	Street			
First Name, MI		City, State, ZIP			
Last Name	Business Name	Street			
First Name, MI		City, State, ZIP			
Last Name	Business Name	Street			
First Name, MI		City, State, ZIP			
Last Name	Business Name	Street			
First Name, MI		City, State, ZIP			
Last Name	Business Name	Street			
First Name, MI		City, State, ZIP			
Last Name	Business Name	Street			
First Name, MI		City, State, ZIP			
Last Name	Business Name	Street			
First Name, MI		City, State, ZIP			
Last Name	Business Name	Street			
First Name, MI		City, State, ZIP			
Last Name	Business Name	Street			
First Name, MI		City, State, ZIP			
Last Name	Business Name	Street			
First Name, MI		City, State, ZIP			
Last Name	Business Name	Street			
First Name, MI		City, State, ZIP			
Last Name	Business Name	Street			
First Name, MI		City, State, ZIP			
Last Name	Business Name	Street			
First Name, MI		City, State, ZIP			
Last Name	Business Name	Street			
First Name, MI		City, State, ZIP			
Last Name	Business Name	Street			
First Name, MI		City, State, ZIP			

TABLE 2

Nature of charge or arrest	Date of charge or arrest	Name & address of court	Disposition	Date	Felony or misdemeanor

TABLE 3

Type	License/Permit/ Certification number	Name of Licensing Authority	Date of action	Reason action was taken

TABLE 4

Taxing Agency	Type of tax	Date of Taxing Period (MM/YY)	Amount

TABLE 5

Contributor	Name of official/candidate/committee	Office sought/held	Date	Amount	Method of payment	Intermediary, if any
	Last Name					
	First Name, MI					
	Last Name					
	First Name, MI					
	Last Name					
	First Name, MI					
	Last Name					
	First Name, MI					
	Last Name					
	First Name, MI					
	Last Name					
	First Name, MI					
	Last Name					
	First Name, MI					
	Last Name					
	First Name, MI					
	Last Name					
	First Name, MI					

TABLE 6

From (MM/YY)	To (MM/YY)	Name & full address of employer	Position & duties	Supervisor & reason for leaving	Gaming- related? (Y/N)
		Employer's Name			<input type="checkbox"/> Yes
		Street			<input type="checkbox"/> No
		City, State, Zip			
		Employer's Name			<input type="checkbox"/> Yes
		Street			<input type="checkbox"/> No
		City, State, Zip			
		Employer's Name			<input type="checkbox"/> Yes
		Street			<input type="checkbox"/> No
		City, State, Zip			
		Employer's Name			<input type="checkbox"/> Yes
		Street			<input type="checkbox"/> No
		City, State, Zip			
		Employer's Name			<input type="checkbox"/> Yes
		Street			<input type="checkbox"/> No
		City, State, Zip			
		Employer's Name			<input type="checkbox"/> Yes
		Street			<input type="checkbox"/> No
		City, State, Zip			
		Employer's Name			<input type="checkbox"/> Yes
		Street			<input type="checkbox"/> No
		City, State, Zip			

TABLE 7

From	To	Address (No., Street, Apt.)	City, State, Zip Code, Country		
			City	State	Zip
			Country		
			City	State	Zip
			Country		
			City	State	Zip
			Country		
			City	State	Zip
			Country		
			City	State	Zip
			Country		
			City	State	Zip
			Country		
			City	State	Zip
			Country		
			City	State	Zip
			Country		
			City	State	Zip
			Country		
			City	State	Zip
			Country		

TABLE 8[illegible]

TABLE 9

Type of Gambling Operation	Position Sought or Held	Licensing Agency (including state, county, or municipality)	Disposition (granted, pending, or denied)	If Issued - Provide License/Permit Number

TABLE 10

Date		Name, address and telephone number of business	Description of business	Your title or type of association	Percent of ownership	Is gaming a part of entity's business? (Y/N)
From	To					
		Name Street City, State, Zip Phone				<input type="checkbox"/> Yes <input type="checkbox"/> No
		Name Street City, State, Zip Phone				<input type="checkbox"/> Yes <input type="checkbox"/> No
		Name Street City, State, Zip Phone				<input type="checkbox"/> Yes <input type="checkbox"/> No
		Name Street City, State, Zip Phone				<input type="checkbox"/> Yes <input type="checkbox"/> No
		Name Street City, State, Zip Phone				<input type="checkbox"/> Yes <input type="checkbox"/> No
		Name Street City, State, Zip Phone				<input type="checkbox"/> Yes <input type="checkbox"/> No
		Name Street City, State, Zip Phone				<input type="checkbox"/> Yes <input type="checkbox"/> No

TABLE 11

Name of trust	Nature of your connection with trust	Terms of your connection with trust	Domestic or foreign trust?	Location of trust asset

TABLE 12[illegible]

TABLE 13

Full name (include married/maiden)	Relationship	Date of birth	Occupation	Address and telephone number	Date of death, if applicable
Last, First, MI, Maiden				Street	
				City, State, Zip	
				Phone	
Last, First, MI, Maiden				Street	
				City, State, Zip	
				Phone	
Last, First, MI, Maiden				Street	
				City, State, Zip	
				Phone	
Last, First, MI, Maiden				Street	
				City, State, Zip	
				Phone	
Last, First, MI, Maiden				Street	
				City, State, Zip	
				Phone	
Last, First, MI, Maiden				Street	
				City, State, Zip	
				Phone	
Last, First, MI, Maiden				Street	
				City, State, Zip	
				Phone	

TABLE 14

Full Name	Address	Date Of Birth	Relationship	Involved Law Enforcement Agency Or Court (City/State)	Charge Or Conviction	Disposition
Last, First, MI	Street					
	City, State, Zip					
Last, First, MI	Street					
	City, State, Zip					
Last, First, MI	Street					
	City, State, Zip					
Last, First, MI	Street					
	City, State, Zip					
Last, First, MI	Street					
	City, State, Zip					
Last, First, MI	Street					
	City, State, Zip					
Last, First, MI	Street					
	City, State, Zip					
Last, First, MI	Street					
	City, State, Zip					
Last, First, MI	Street					
	City, State, Zip					
Last, First, MI	Street					
	City, State, Zip					

TABLE 15

Identity Of Person And Employment Title	Business Entity Name/Address	Type Of Interest	Dates Involved		Financial Interest/% Of Ownership
			From	To	
Last, First, MI	Name				
	Street				
	City, State, Zip				
Last, First, MI	Name				
	Street				
	City, State, Zip				
Last, First, MI	Name				
	Street				
	City, State, Zip				
Last, First, MI	Name				
	Street				
	City, State, Zip				
Last, First, MI	Name				
	Street				
	City, State, Zip				
Last, First, MI	Name				
	Street				
	City, State, Zip				
Last, First, MI	Name				
	Street				
	City, State, Zip				

TABLE 16

Full Name	Address And Telephone Number	Relationship	Title And Duties	Dates held	
				From	To
Last, First, MI	Street				
	City, State, Zip				
	Phone				
Last, First, MI	Street				
	City, State, Zip				
	Phone				
Last, First, MI	Street				
	City, State, Zip				
	Phone				
Last, First, MI	Street				
	City, State, Zip				
	Phone				
Last, First, MI	Street				
	City, State, Zip				
	Phone				
Last, First, MI	Street				
	City, State, Zip				
	Phone				
Last, First, MI	Street				
	City, State, Zip				
	Phone				
Last, First, MI	Street				
	City, State, Zip				
	Phone				